



LINKING HEARTS CHILD REGISTRATION FORM

Child's Name _____

Date of Birth _____ DCN _____

Case Manager _____ County _____

Emergency Contact _____ Phone _____

Health concerns _____

Special requirements for buddy matching (ex: matched with opposite gender, matched with a friend, sibling, etc) _____

T-Shirt sizes-Circle one: sm youth(6-8) med youth(10-12)

Lrg youth(14-16) S adult M adult L adult XL adult

Adult Bringing/Supervising the Child _____

Contact numbers for day of event _____

Please attach a signed CD-AEM-1B (Consent for recruitment efforts)

Return completed registration forms by **September 2nd** to:

Texas County Children's Division
16798 Oak Hill Drive, Suite 600
Houston, MO 65483
ATTN: Stephanie Flowers
Fax: 417-967-2450

A backpack with small gifts will be provided to each foster/adoptive child. Please list 3 possible ideas your child would appreciate (\$10.00 or less). It is VERY important to at least provide interests/hobbies of the children to assist in buying appropriate items for them.
